APPRUYE

## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM!

LIMITED LIABILITY
COMPANY
REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

DIVISION OF CORPORATIONS

3. Mailing Office Address

02 JAN 16 PM 2: 03

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # MODO COO COO O O O O O

1. Limited Liability Company's Name

2. Principal Office Address

Rohm Electronics U.S.A., LLC

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149 Kifer court Suite, Apt #, etc.		149 Kifer	Court	4. State/Country of Formation		
		Suite, Apt. #, etc.		Delaware		
				5. Date Organized or Qualified To Do Business in Florida 1/8/99		
City & State  Sunnyvale, CA  Zip Country		City & State				
		Sunnyvale,	CA	6. FEI Number	Applied For Not Applicable	
		Zip	Country	77–0471153		
94086	U.S.A.	94086	U.S.A.		Additional Fee required a Certificate of Status	
		8. Name	and Address of Current Re	egistered Agent	: !	
Name		egistered Agent	ts Inc.	500004781395		
Stree	Street Address (P.O. Box Number is Not Acceptable) 526 East Park Avenue					
Sulte,	Apt. #, Etc.				<u> </u>	
City	Tallaphassee			State Zip Code FL 32301	· · · · ·	

9. i, being appoint	ed the registered agent of the above named limited liability company, am familiar with and	accept the obligations of Chapter 608, F.S.	
Signature of Registered Agent _	Ed Hand, President REGISTERED AGENT MUST SIGN	Date	
10. Names and S	reet Addresses of Managing Members/Managers		

Titles Name of Managing Members/Managers Street Address of Each Managing Members/Managers City / State / Zip

MGRH
HGR Rohm U.S.A., Inc. 149 Kifer Court Sunnyvale, CA 94086

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\*\*\*\*\*\*50.00 \*\*\*\*\*\*\*50.00

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filling this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Rohm U.S.A., Inc.

Signature	of	
Managing	Member/Manager	

Typed or printed name of signing Managing Member/Manager

iherz

Date 1/30/01 D

✓ Daytime Phone # 408-222-3800

AT0397

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ACCOUNT NO. : 072100000032

REFERENCE :

717118

7211530

AUTHORIZATION

COST LIMIT

ORDER DATE: January 16, 2002

ORDER TIME: 11:14 AM

ORDER NO. : 717118-005

CUSTOMER NO: 7211530

CUSTOMER: Andrea S. Lisi, Paralegal

Mintmire Associates 265 Sunrise Avenue

Suite 204

Palm Beach, FL 33480

DOMESTIC FILINGS

FILE FIRST

NAME: SICOR, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Deborah Schroder

EXAMINER'S INITIALS CC.

DIVISION OF CORPORATION

## **MINTMIRE & ASSOCIATES**

ATTORNEYS AT LAW

January 15, 2002

265 SUNRISE AVENUE SUITE 204 PALM BEACH, FLORIDA 33480 TEL: (561) 832-5696 FAX: (561) 659-5371

Via Federal Express

Department of State Division of Corporations 409 East Gaines Street Tallahassee, FL 32399

RE: Reinstatement of Sicor, Inc.

To Whom It May Concern:

Enclosed please find the Application for Reinstatement for Sicor, Inc. Due to non-receipt of the Form UBR (Annual Report), Sicor, Inc. was administratively dissolved. Therefore, we are enclosing a check-made payable to the Department of State in the amount of \$450.00 which we believe to be the appropriate fee.

Also enclosed please find Articles of Amendment to the Articles of Incorporation to be filed once the Company is reinstated. We are enclosing a check made payable to the Department of State in the amount o \$35.00 which we believe to be the appropriate fee.

Should you have questions, or if we can be of further assistance, please do not hesitate to contact our office.

Minimire & Associates

BFR/asl

Encls.